| FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | |
| (1) (2) (D. Number | | | | | | | | |
| (3) 3927 ONRIDEW AUGUSE | M.B. FLA: 93/40 | | | | | | | |
| Address (number and street) | City State Zip Code | | | | | | | |
| Check box if address has changed since last report | | | | | | | | |
| (4) Check appropriate box(es): | | | | | | | | |
| Candidate (office sought): | | | | | | | | |
| Political Committee | Check if PC has DISBANDED | | | | | | | |
| Committee of Continuous Existence Check if CCE has DISBANDED Party Executive Committee | | | | | | | | |
| | | | | | | | | |
| (5) REPORT IDENTIFIERS | | | | | | | | |
| Cover Period: From 10/31/03 To 12/16/03 Report Type 782 | | | | | | | | |
| Original Amendment Special Election Report Independent Expenditure Report | | | | | | | | |
| (6) CONTRIBUTIONS THIS REPORT | (7) EXPENDITURES THIS REPORT | | | | | | | |
| Cash & Checks \$ NONE | Monetary Expenditures \$ | | | | | | | |
| Loans \$,, | Transfers to Office Account \$, | | | | | | | |
| Total Monetary \$ | Total Monetary \$ | | | | | | | |
| In-kind \$ <u>,</u> ,, | (8) Other Distributions \$,, | | | | | | | |
| (9) TOTAL Monetary Contributions to Date \$,/_, 4700 | (10) TOTAL Monetary Expenditures to Date \$ | | | | | | | |
| (11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) | | | | | | | | |
| I certify that I have examined this report and it is true, correct and complete | I certify that I have examined this report and it is true, correct and complete | | | | | | | |
| RONALD C. KICKEY | ROWALD C- PICKEY | | | | | | | |
| Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY | | | | | | | | |
| Signature Signature | X tonold teckey Signature | | | | | | | |
| DS-DE 12 (7/98) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES PAGE 1 & 2 | | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name POWVL) CRICKEY (2) I.D. Number | | | | | | | | |
|---|--|------------------------------------|---|----------------------------|----------------|----------------|--|--|
| (3) Cover Period | ! / | through | <u>//</u> | 4) Page | of _ | | | |
| (5) Date (6) Sequence Number | (7 Full N (Last, Suffix, Street Ac City, State | lame First, Middie) Idress & | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount | | |
| . / / | LXNCH 1400 S. A DAX YOND | HARVEYT. Bruthern | MAYOR | RETGRIC CONTRIDATED | 2 | [ODD) | | |
| // | RICKEY OF | FORMUTEN FORMUDC ARDITU NE | | RETURN | | 10 | | |
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